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AMEN		Docket No. 56792(71699)					
Application No. 10/500,838-Conf. #1171		Filing Date February 2, 2005		Examiner A. M. Harri		Art Unit 1643	
plicant(s): Dan							
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ransmitted here he fee has been							
ne ree nas been	r calculated an		S AS AMENI	<del> </del>			
	Claims Remaining After	Highest Number Previously	Number Extra Claims			- ***	
Total Claims	Amendment	Paid - 20 =	Present	Rate X			
Independent		- 3 =		x			
Claims Multiple Depend	lent Claims (ch	eck if applicabl	e)	<u> </u>			
Multiple Dependent Claims (check if applicable)  Other fee (please specify): Extension for response within third month						525.00	
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:			525.00	
X Please charge A duplicate of	If fee is require ge Deposit Acc copy of this sho ne amount of \$ credit card. Fo	count No( eet is enclosed	04-1105 il I. to cover	n the amount of \$ _			
X The Director		norized to char	ge and credit	Deposit Account Nenclosed.	lo. <u>04</u>	-1105	
	ny overpaymei any additional fil	$\wedge$	on processing	fees required under :	37 CFR 1. February		
Jonethan M. Sp Attorney/Agent		624			·	<i>.</i>	
EDWARDS AN P.O. Box 55874 Boston, Massa (617) 517-5543	1 chusetts 0220		LP				

Application No. (if known): 10/500,838

Attorney Docket No.: 56792(71699)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM 005395720 US in an envelope addressed to:

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

February 11, 2008 Date

Signatu Jonathan M. Sp.	arks, Ph.D.
Typed or printed name of pe	erson signing Certificate
53,624  Registration Number, if applicable	(617) 517-5543 Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)

Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Amendment in Response to Non-Final Office Action (9 pages)

Charge \$525.00 to deposit account 04-1105

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/20		Complete if Known									
Fees pursuant to the Consolidated Appropria	Application Number 10		10/500,838-Conf. #1171								
I FEE TRANSM			February 2, 2005								
For FY 20			Daniel W. Chan								
1011120	Examiner Name A.		A. M. Harris								
X Applicant claims small entity status	Attoria		1643								
TOTAL AMOUNT OF PAYMENT	(\$) 525.00	Attorney Docket No. 56792(71699)									
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: The Johns Hopkins University											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
FILI		ARCH FEES	EXAMINA	ATION FEES							
Application Type Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity (5) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)					
Utility 310	155 510		210	105							
Design 210	105 100	50	130	65							
Plant 210	105 310	155	160	80							
Reissue 310	155 510	255	620	310							
Provisional 210	105 0	0	0	0							
2. EXCESS CLAIM FEES						Small Entity					
Fee Description					Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissue					50	25					
Each independent claim over 3 (include	ling Reissues)				210	105					
Multiple dependent claims	Fee (\$) Fee	_			370	185					
Total Claims Extra Claims	Paid (\$)										
- 20 = x  HP = highest number of total claims paid for, if	f greater than 20.		<u>Fee</u>	<u>(\$)</u> !	Fee Paid (\$	l .					
Indep. Claims Extra Claims	•	Paid (\$)				-					
-3 = x	= =====================================	(4)									
HP = highest number of independent claims p	aid for, if greater than 3.										
3. APPLICATION SIZE FEE	1 100 -b t C	Z1 -1' - 14		1							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets	Number of each	additional 50 or frac	tion thereof	Fee (\$)	Fee F	Paid (\$)					
- 100 =	/50 =	(round up to a who	le number) x	<del></del> :	=						
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 2253 Extension for response within third month 525.00											
SUBMITTED BY	XX	I Distriction									
Signature	(m)	Registration No. (Attorney/Agent)	53,624	Telephone	(617) 517	7-5543					
Name (Print/Type) Jonathan M. Spark	s, Ph.D.			Date	February 1	1, 2008					